

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/073524</div>		Filing Date		
						Applicant(s) <div style="font-size: 1.5em; font-family: cursive;">/</div>				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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